ASBESTOS WORKER APPLICATION - CLASS "A"

INSTRUCTIONS:

1. Name of applicant (print):	
2. Applicant's home address:	_
(City) (State) (Zip3. Personal information:)
Phone: Date of Birth:	
Eye Color: Hair Color:	
Weight: Height:	
4. Name of applicant's present employer:	hs/
7. Have you taken part in a medical surveillance program?	
YesNo	
If yes, name of Doctor: Date of exam:	
8. Is this a new application or a reques renewal?	t for —
9.Are you presently a Certified Asbestos Worker in another state? YesNo	

10.Read and sign the following statement:
Under penalties of law, I declare that to the best of my knowledge and belief, the above is true, correct, and complete.
SignatureDate
Print Name

ATTACH WITH APPLICATION:

Provide one (1) copy of the State of Delaware approved four (4) day Asbestos Worker Training Course completion certificate issued by an approved training provider in Delaware or a comparable training course approved by the State of Delaware under Reciprocity.

A statement from a doctor that the Asbestos Worker had continued medical surveillance in accordance with OSHA 1910.1001 and is medically approved for respirator use ("B" Reader Chest X-Ray, Complete Physical and a Pulmonary Function Test).

Required application fee of \$25.00 (cash, money order, or company check only).

NOTE: Under Reciprocity, all applicants must submit <u>all</u> training certificates (initial training and each year thereafter) for review by the Asbestos Office prior to the processing of the Delaware certification. Approved training providers <u>must</u> be EPA approved, Region III state approved and the course <u>must</u> be taught within a Region III state's boundaries.